



Mrs. S Tse
Principal

WESTWIND ELEMENTARY SCHOOL

11371 Kingfisher Drive, Richmond, BC V7E 4Y6

604-668-6497

westwind@sd38.bc.ca

Ms. E Reid
Vice-Principal

CAMP REGISTRATION FORMS & PAYMENT INFORMATION

Student's Name: _____ Grade: _____ Div. _____

There are many forms to fill in for Outdoor Education at Camp Jubilee. It is essential that the first deposit is paid and all forms be completed and **returned to the school by Friday, February 27, 2026** to confirm your child's attendance on the trip.

Please use this checklist to confirm that these forms are completed and the 1st deposit has been paid:

- ☐ **District Consent and Waiver** – *parent **and** student signatures required* (pink)
- ☐ **Medical Information Form** – *parent signature required* (blue)
- ☐ **Student Personal Commitment Form** – *parent **and** student signatures required* (yellow)
- ☐ **First Deposit of \$120 has been paid on SchoolCashOnline**

Please click on the link below and complete the Camp Jubilee diet, health and consent information:

- ☐ **Camp Jubilee Waiver Link:** <https://tinyurl.com/3r36t2yd>

I confirm that all forms listed above are returned, the 1st deposit has been paid, and I have completed the Camp Jubilee online waiver.

Parent Name: _____ Parent Signature: _____

Payments:

The first deposit of \$120 is due on or before Friday, February 27, 2026. The second payment of \$120 is due on or before Friday, April 10, 2026. The third and final payment of \$100 is due on or before Friday, May 8, 2026. Due to a generous contribution from the PAC, the total cost for camp has been reduced for every student. Thank you to the PAC for their fundraising efforts! **Payments can be made using your School Cash Online account.**

No student should be precluded from camp due to financial reasons. If you require financial assistance, please reach out to Mrs. Tse at stse@sd38.bc.ca or Ms. Reid at ereid@sd38.bc.ca.

Please note: **An Outdoor Education Information Package will be emailed to all parents/guardians of Grades 5 & 6 students.** This package can also be found on our school website for reference. If you require a hard copy, please contact the school office. Thank you.

**PARTICIPATION IN AN OVERNIGHT HIGHER-CARE MULTIPLE-DAY FIELD TRIP
OUTDOOR EDUCATION FIELD TRIP CONSENT/WAIVER FORM**

This Consent and Waiver must be signed by ALL Custodial Parents or Guardians of a Child who is under the age of 19 years.

Child's Name: _____	Grade: _____	Division: _____
Destination: Outdoor Education - Camp Jubilee	Date of Field Trip: October 7 – 9, 2026	

In consideration of School District No. 38 offering my child an opportunity to participate in this field trip, I waive any and all claims I may have against, and release from all liability and agree not to sue The Board of Education of School District No.38 and its officers, employees, agents, volunteers and representatives, and the Ministry of Education for any personal injury, death, property damage or loss sustained as a result of my child's participation in the field trip, arising out of any cause whatsoever, including negligence. I understand that my signature below waives my right to sue on my own behalf for damages I may incur, but not the right for myself or a guardian acting on my child's behalf to sue for damages owed the child. The child's rights to sue in the event of negligence are not affected by my signature below.

I hereby give my consent, and acknowledge by my signature below, that my child has my permission to participate in this field trip:

- I am aware of the usual risks and precautions inherent in participation in all the activities associated with this field trip, and the possibility of personal injury, death, property damage or loss resulting from the activities.
- Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the School Board or its employees or agents, or the facility where the activity is taking place. By allowing my child to participate in this activity, I am accepting the risk of an accident occurring, and agree that this activity, as described in the letter, is suitable for my child.
- My child and I understand that District Code of Conduct applies during all phases of this field trip. This includes expectations, directions and instructions from the staff and/or service providers, administrators, instructors, and supervisors. In the event my child fails to abide by these expectations, disciplinary action may include my child being excluded from further participation or that I be contacted to pick up my child (unless I have specified other transportation arrangements) and I will be responsible for any costs associated to send my child home.
- I will supply suitable equipment and clothing for my child's participation in all activities associated with the field trip.
- I am aware that I should contact the school for further information if I am unaware what clothing and equipment is required for the activities or possible weather conditions of this field trip. My child and I understand that it is our responsibility to ensure my child has all necessary equipment and clothing and that my child agrees to wear appropriate safety equipment at all times while doing activities where this is required.
- I accept the mode of transportation for this activity which may include transportation by a driver with "N" status.
- I acknowledge that it is my responsibility to inform the Lead Teacher of any medical/health concerns that may affect my child's participation. My child has no illnesses, medical conditions, allergies or disabilities that may require special attention.
- I am aware that the School District provides optional student accident insurance and parents will be able to purchase coverage, access claims forms and obtain full plan information online.
- I consent that the Board, through its employees, agents and officers, may secure such emergency medical services and advice as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services and advice.

- I acknowledge that the board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., Canada travel advisory, weather, health advisory). I accept that the board will not be liable for any costs associated with such a cancellation.
- In signing this Consent and Waiver, I am not relying on any oral or written representation or statements made by the School Board and its servants, agents, employees, or authorized volunteers, or the Ministry of Education, to induce me to permit my child to take the trip, other than those set out in this Consent and Waiver.
- I am 19 years of age or more and have read and understand the terms of this consent and waiver, and understand that it is binding upon me, my heirs, executors and administrators.

Parent's/Guardian's Name <i>(please print)</i>	Signature	Date <i>(year/month/day)</i>
	Cell #	Email
Emergency Contact <i>(please print)</i>	Cell #	Relationship to child
Medical/physical conditions that may affect my child's participation on the field trip (allergies, recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.) include (be specific):		

Student Commitment to Safety, District Code of Conduct and Acknowledgement of Risk

My signature below indicates that I will behave safely and abide by the District Code of Conduct while I am on this field trip.

- I will participate in this activity to the best of my abilities.
- I will behave safely and will wear appropriate clothing and use appropriate equipment on this field trip.
- I have been briefed by my teacher on the elements of risk and dangers involved and the precautions that are to be taken.
- I will abide by the District Code of Conduct, school rules, and expectations set out by the Sponsor Teacher and Supervisors during the field trip.
- I will report any safety, medical or health issue or injury to the Sponsor Teacher.

Student's Name <i>(please print)</i>	Signature	Date <i>(year/month/day)</i>
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Westwind Elementary School
STUDENT MEDICAL INFORMATION FORM

NAME OF STUDENT _____ Division _____ Grade _____

Date of Birth _____ Age _____ Sex _____ PHN _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Home Address: _____ Richmond, BC

ALTERNATE PERSON to contact if parents/legal guardians cannot be reached:

Name _____ Phone _____

Relationship to Student _____

Family Doctor Name _____ Phone _____

Dentist Name _____ Phone _____

The information supplied on this form is to be regarded as strictly confidential and shall be made available only to appropriate persons as deemed necessary by school administration.

Medical/health conditions that may affect my child's participation on the field trip include the following. Please be specific (i.e.: *recent* illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.)

PLEASE NOTE: The responsibility lies with the parent to advise the school if any change occurs in the child's medical or physical condition.

Medication - Will the student be required to take any type of medication?

Yes _____ No _____

(If the answer to the above question is 'yes', the school office will contact you)

List any Allergy where an **EpiPen** is required:

Any and all medication will be kept with a school staff member. Medication must be clearly labelled, placed in a ziploc plastic bag and include the following information:

- a) the required dosage
- b) the time(s) at which it is to be taken
- c) the name of the student to whom it is to be administered

PARENTAL CONSENT

I hereby give permission for the official in charge to provide medical attention for my child in the event of an emergency, without the necessity of my prior approval. It is understood that if any medical situation occurs, a responsible adult will ensure that the student receives proper medical attention and that arrangements are made for his/her return home, if necessary. I understand that I will be notified by the quickest means possible if this authority is exercised. In case of emergency, I give permission to the physician selected by the school to provide treatment for my child. It is understood that the teacher, school and school board are not responsible for medical care costs.

Date

NAME of Parent/Legal Guardian

SIGNATURE of Parent/Legal Guardian

Date

NAME of Parent/Legal Guardian

SIGNATURE of Parent/Legal Guardian



Mrs. S Tse
Principal

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Vice Principal

Outdoor Education 2026

Student Commitment to Safety, District Code of Conduct and Acknowledgement of Risk

To ensure the safety of all participants, we have high expectations for the behaviour of all our students. We expect our students to follow these guidelines to ensure that everyone has a positive experience. Please read and sign below.

1. I will abide by the District Code of Conduct, school rules, and expectations set out by the staff and supervisors during the field trip.
2. I will carry out all requests and instructions given by teachers or other staff respectfully, promptly, and cheerfully.
3. I will abide by all camp rules, including not leaving the boundaries of the camp.
4. I will respect the property of others and treat all facilities with care.
5. I will behave safely and will wear appropriate clothing and use appropriate equipment on this field trip.
6. I will participate in all activities to the best of my abilities, and I will use courtesy, cooperation and friendliness in all my dealings with staff and students.
7. I will undertake all activities and chores assigned to me and complete them with full effort.
8. I will not bring candy, gum, matches, pocket tools, knives or any other dangerous items to camp.
9. I will leave all electronic devices (with the exception of a disposable camera*) and valuables at home.
**If I choose to bring a camera, I will use it only for personal images and I will respect the privacy of all others, which means I will not post any camp pictures on social media sites and/or text/email/share pictures with others without the permission of all people in the photos.*
10. I have been briefed by school staff on the elements of risk and dangers involved and the precautions that are to be taken.
11. I will report any safety, medical or health issue or injury to an adult.
12. I understand that if I fail to fulfill my obligations as noted above, my parent/guardian will be contacted and at their own cost they will need to arrange for my transportation home.

Date

Name of Student – please print

Signature of Student

PARENT ACKNOWLEDGEMENT: I have read this agreement and discussed it with my child, and we agree to all conditions.

Date

Name of Parent/Legal Guardian– please print

Signature of Parent/Legal Guardian

Date

Name of Parent/Legal Guardian– please print

Signature of Parent/Legal Guardian

HOW WE LEARN AND WORK TOGETHER

The Board of Education recognizes its obligation to provide all members of our school district community with a positive climate and a safe, healthy environment.

As we learn and work together, we will...

- 1** Show respect for the diversity of the members of our school and district community.
- 2** Behave in a safe, considerate and courteous manner.
- 3** Not threaten, harass, intimidate or assault, in any way, any person within our school district community, through physical violence, print or electronic media.
- 4** Not be in possession of weapons, dangerous articles, alcohol or illegal drugs while in school or work.
- 5** Show respect and pride in our school district buildings and equipment through care and appropriate use of school district property.
- 6** Respect the non smoking environment of our schools and school district facilities.

Our expectations for how we learn and work together shall apply to everyone in our schools and at school functions.

The complete code of conduct
is available online at:
[sd38.bc.ca/ codeofconduct](http://sd38.bc.ca/codeofconduct)

